FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **343378** **(6)**

1. Corporation Name

BISCAYNE LAKE GARDENS SERVICE CORP.

Principal Place of Business
2760 NE 203RD ST
MIAMI FL 33180

Mailing Address
2760 NE 203RD ST
MIAMI FL 33180

3. Date Incorporated or Qualified: 03/21/1969
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1235863 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LEVINE, RALPH
2880 NE 203RD ST.
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name: Loretta Davidson
82 Street Address (P.O. Box Number is Not Acceptable): 2810 N.E. 201 Terr.
83
84 City: Miami FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Loretta Davidson — DATE: 4/26/96
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	TD	☐ Change ☑ Addition
NAME	LEVINE, RALPH		1.2 NAME	RALPH LEVINE	
STREET ADDRESS	2880 NE 203 ST.		1.3 STREET ADDRESS	2880 NE. 203 ST	
CITY-ST-ZIP	MIAMI FL 33180		1.4 CITY-ST-ZIP	MIAMI FL 33180	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAGENIAS, GERALD		2.2 NAME		
STREET ADDRESS	2815 NE 201 TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33180		2.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	3.1 TITLE	PD	☐ Change ☑ Addition
NAME	DAVIDSON, LORETTA		3.2 NAME	Loretta Davidson	
STREET ADDRESS	2810 NE 201 TERR		3.3 STREET ADDRESS	2810 N.E. 201 Terr	
CITY-ST-ZIP	MIAMI FL 33180		3.4 CITY-ST-ZIP	Miami FL 33180	
TITLE	SD	☑ DELETE	4.1 TITLE	VD	☐ Change ☑ Addition
NAME	MARGARIS, DEAN		4.2 NAME	DEAN MARGARIS	
STREET ADDRESS	2820 NE 201 TERRACE		4.3 STREET ADDRESS	2820 NE 201 Terr	
CITY-ST-ZIP	MIAMI FL 33180		4.4 CITY-ST-ZIP	Miami FL 33180	
TITLE	TD	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NERENBURG, HELENE		5.2 NAME		
STREET ADDRESS	21201 NE 24TH COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33180		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Loretta Davidson — 4/26/96 — 305 931-0642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)